

Blue Wave After School Program at P.K. Yonge
2024-2025 Registration

Student Information

Child's Name: _____ Sex: ____ DOB: _____ Grade: ____

My child will attend ASP (circle which days apply): M T W Th F **OR**

My child is only attending on a varying schedule/drop-in basis (circle) Yes **OR**

Does your child have a sibling attending ASP? _____

Is your student a child of a faculty or staff member at PK Yonge DRS (circle): Yes No

Family Information

Child Lives With: _____

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

Work Phone: _____

Work Phone: _____

Needs to Know (Please let us know of any concerns or needs regarding your child that we should be aware of): _____

Medical Information

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____ Phone: _____

Doctor: _____ Address: _____ Phone: _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern:

Contacts

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason, the custodial parent or legal guardian cannot be reached.

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

(More on back)

Please submit a nonrefundable registration fee (\$50 for full lunch and \$30 for free/reduced lunch) per child. Checks should be made payable to Blue Wave After School. Other methods of payment include cash or paying on Procure, our online child care system.

Initial below:

_____ I have read and agree to the information given in the parent handbook

_____ I have received a copy of the Influenza Virus Brochure

_____ I have received a copy of the Distracted Adult Brochure

_____ Blue Wave After School Program has permission to use pictures of my child for promotional purposes

- Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, “Know Your Child Care Facility” (CF/PI 175-24)
- Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child’s records.

Signature of parent/guardian

Date